

1. CIR./DIST./DIV. CODE GUX		2. PERSON REPRESENTED Chen, Qui Bao		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER 1:08-000012-001		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Cnse Name) U.S. v. Chen		8. PAYMENT CATEGORY Misdemeanor		9. TYPE PERSON REPRESENTED Adult Defendant	
				10. REPRESENTATION TYPE (See Instructions) Criminal Case	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 8 1325.M -- IMPROPER ENTRY BY ALIEN					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Teker, Samuel S. TEKER TORRES AND TEKER PC 130 ASPINALL AVENUE SUITE 2A HAGATNA GU 96910  Telephone Number: (671) 477-9891			13. COURT ORDER X <input type="checkbox"/> Appointing Counsel F <input type="checkbox"/> Subs For Federal Defender P <input type="checkbox"/> Subs For Panel Attorney C <input type="checkbox"/> Co-Counsel R <input type="checkbox"/> Subs For Retained Attorney S <input type="checkbox"/> Standby Counsel  Prior Attorney's Name: _____ Appointment Date: _____  X Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or Other (See Instructions) <b>VIRGINIA T. KILGORE</b> 6/16/2008 _____ Signature of Presiding Judicial Officer or By Order of the Court 05/02/2008 _____ Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per Instructions) TEKER TORRES AND TEKER PC 130 ASPINALL AVENUE SUITE 2A HAGATNA GU 96910					
<b>CATEGORIES (Attach itemization of services with dates)</b>					
		<b>HOURS CLAIMED</b>	<b>TOTAL AMOUNT CLAIMED</b>	<b>MATH/TECH ADJUSTED HOURS</b>	<b>MATH/TECH ADJUSTED AMOUNT</b>
In Court	15. a. Arraignment and/or Plea				
	b. Bail and Detention Hearings				
	c. Motion Hearings				
	d. Trial				
	e. Sentencing Hearings				
	f. Revocation Hearings				
	g. Appeals Court				
	h. Other (Specify on additional sheets)				
	(Rate per hour = \$ 100.00 ) TOTALS:				
Out of Court	16. a. Interviews and Conferences				
	b. Obtaining and reviewing records				
	c. Legal research and brief writing				
	d. Travel time				
	e. Investigative and Other work (Specify on additional sheets)				
(Rate per hour = \$ 100.00 ) TOTALS:					
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____					
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE	